

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000542

Entity Name: CAF ENTERPRISES LLC

FILED
Mar 21, 2009
Secretary of State

Current Principal Place of Business:

5450 TAMIAMI TRAIL NORTH
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

5450 TAMIAMI TRAIL NORTH
NAPLES, FL 34108

New Mailing Address:

FEI Number: 06-1669954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTOR & GOLBOIS CPAS, P.A.
7700 CONGRESS AVE
SUITE 3107
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELZER, CRAIG
Address: 397 MALLORY COURT
City-St-Zip: NAPLES, FL 34110

Title: MGRM () Delete
Name: FELZER, ALISON
Address: 397 MALLORY COURT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FELZER, CRAIG
Address: 7673 PONTE VERDE WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM (X) Change () Addition
Name: FELZER, ALISON
Address: 7673 PONTE VERDE WAY
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALISON FELZER

MGRM

03/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date